MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/601444

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	1						51	1					
2		1					52	1					
3		1					53		1				
4		1					54		1				
5		1					55		1				
6		1					56		1				
7		1					57		1				
8		1					58		2				
9		1					59		2				
10		1					60		2				
11		1					61		2				
12		1					62		2				
13	1						63	1					
14		1					64		1				
15		1					65		1				
16		1					66		1				
17		1					67		1				
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29	1						79						
30		1					80						
31	1						81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		2					88						
39	1						89						
40	1						90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		2					97						
48		2					98						
49		2					99						
50		2					100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	71						TOTAL DEP.						
TOTAL CLAIMS	80						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS